

**QUARTER:**

1 <sup>st</sup>	Jul, Aug, Sep	<input type="checkbox"/>
2 <sup>nd</sup>	Oct, Nov, Dec	<input type="checkbox"/>
3 <sup>rd</sup>	Jan, Feb, Mar	<input type="checkbox"/>
4 <sup>th</sup>	Apr, May, Jun	<input type="checkbox"/>
	Liquidation	<input type="checkbox"/>

**California State Library**

California Civil Liberties Public Education Program

**Grant Award I.D.:** \_\_\_\_\_**Fiscal Year:** \_\_\_\_\_

Send TWO COPIES of this report  
(one with an original signature) to:

California State Library  
Budget Office – CCLPEP  
P.O. Box 942837  
Sacramento, CA 94237-0001

**Project Title:** \_\_\_\_\_**Grantee:** \_\_\_\_\_**Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_**Fiscal Agent:** \_\_\_\_\_**Prepared by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Signature)

	Current Approved Budget (1)	1 <sup>st</sup> Quarter (2)	2 <sup>nd</sup> Quarter (3)	3 <sup>rd</sup> Quarter (4)	4 <sup>th</sup> Quarter (5)	Total Expended/ Encumbered (6)	Outstanding Encumbrances at Close of 4 <sup>th</sup> Qtr. (7)	Liquidation of Outstanding Project End Encumbrances(8)	Unexpended/ Unencumbered Balance (9)
a.									
b.									
c.									
d.									
e.									
f.									

- |                          |                   |
|--------------------------|-------------------|
| a. Salaries and Benefits | d. Equipment      |
| b. Materials             | e. Indirect Costs |
| c. Operating Expenses    | f. TOTAL          |

**NOTE:** Failure to submit these reports within the timelines of the grant program could jeopardize receipt of final 25% grant payment.

FUNDS TO BE EXPENDED IN THE CATEGORY(S) AS AWARDED IN THE ORIGINAL AWARD LETTER, UNLESS A BUDGET MODIFICATION FORM HAS PREVIOUSLY BEEN APPROVED.